

## TWO ROLES ARE BETTER THAN THREE? WORK-FAMILY AND FAMILY-WORK CONFLICT IN CAREGIVERS

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Work-family conflict is defined as, “a form of interrole conflict in which the role pressures from the work and family domains are mutually incompatible in some respect” (Greenhaus and Beutell, 1985), and is often now broken down into work-into-family conflict (WFC) and family-to-work conflict (FWC), two interrelated, but distinct construct that have been demonstrated to have discriminant validity (e.g., Netermeyer, Boles, & McMurrian, 1996). WFC and FWC have been linked to poor eating habits (Allen & Armstrong, 2006), depression (Frone et al., 1992), and organizational commitment (Carr, Boyar, & Gregory, 2008). We believe it is important to study these concepts in caregivers, given their added “role” of taking care of someone. While a few studies have looked at WFC/FWC in caregivers (e.g., Marks, 1998, Neal & Hammer, 2007), many of these important relationships remain undiscovered/understudied in this population.

Previous research has shown that WFC conflict has a positive relationship with turnover intentions (i.e., Burke, 1988; Good et al., 1996) and job satisfaction (Carr et al, 2008). Since WFC can be seen as a problem caused by or originating in the organization where someone works, we expect a stronger relationship for WFC with how satisfied someone is with their job/organization (and thus, their intentions to leave that job; Mobley, 1977) in caregivers. Boyar and colleagues (2003) did find a stronger correlation in WFC compared to FWC on turnover intentions (.25 compared to .18), but no test was conducted to determine if this difference was significant.

Frone and colleagues (1992) found that both job and family distress positively related to depression. While not perfectly aligned with WFC and FWC, respectively, it is logical to think the constructs are similar enough to expect them to relate to depression (and anxiety). Since FWC starts in the home role, and depression and anxiety are variables that affect someone’s entire life, we expect that the above-proposed relationships will be stronger for FWC than WFC.

Westman, Etzion, and Gortler (2004) showed different fluctuations between WFC and burnout in a sample of business travels based on gender, which suggest that men and women experience these conflicts differently. Research shows that work-family centrality (a variable indicating how important the individual values family) does moderate the relationship between WFC and job satisfaction (Carr et al., 2008). Thus, we expect that gender and relationship status will moderate the relationship between WFC/FWC and the outcome variables.

Finally, we expect to find that increases in caregiver burden will be associated with increases in WFC/FWC as well. his study is unique because it examines all of these variables in a large, longitudinal study. Furthermore, it is one of the first to look at many of these connections in caregivers, a unique but large population, that are very likely to be affected differently by these issues because they have the added role of caregiver.

Data was collected in a three-wave survey on a community sample of employed adults (all age 18 and over). There were initially 2,114 caregivers who agree to be mailed a survey, and 1,007 returned the wave 1 (W1) questionnaire. At wave 2 (W2) a year later, 713 participated, and 689 responded at wave 3 (W3) one year after W2. Participants received a \$30 American Express gift card incentive to complete each questionnaire. For participants who completed all three phases of the study, the average age was 43.0 years old ( $SD = 9.9$ ), 46.4% of them had at least a bachelor’s degree, and 70.2% were married or in a committed relationship. The majority of participants were caring for children under age 18 (75.7%), while a substantial percentage cared for children over age 18 (15.4%), a spouse/partner (24.1%), or parents (21.5%).

WFC and FWC were measured with the 22-item Work-Family Conflict Scale (Kelloway, Gottlieb, & Barham, 1999). Job satisfaction was measured with 5 items from the widely-used Brayfield-Rothe (1951) measure of job satisfaction, as modified by Judge et al. (1998). We conceptualized turnover intent with 3 items from Konovsky and Cropanzano (1991). The 20-item Center for Epidemiologic Studies Depression Scale (CES-D), a self-report symptom rating scale designed to measure depressed mood in community populations (Radloff, 1977), was used to tap depression. Anxiety was measured by the 9-item tension-anxiety factor of the Profile of Mood States (McNair, Lorr, & Droppleman, 1981). Caregiver burden was assessed using the 24-item Caregiver Burden Inventory (CBI) developed by Novak and Guest (1989).

Preliminary analysis showed significant relationships between WFC and FWC to anxiety and depression in caregivers in the expected directions. However, only WFC was significantly related to job satisfaction and turnover intentions, which lends support to the idea that those work-related variables would be more strongly related to WFC than FWC. The moderating effect of gender on the WFC/FWC to job satisfaction was not supported, but additional analyses still need to be conducted on the remaining variables/hypotheses.

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